

istic of the medical profession, the coming year may be faced in hopeful confidence. And in this last month of the dying year, CALIFORNIA AND WESTERN MEDICINE extends to all its heartiest greetings of the holiday season.

NEXT ANNUAL SESSION: MAY 4-7, 1942

A Four- to Five-Day Session.—Six months have elapsed since the last annual session was held at Del Monte where, next year, the California Medical Association will again convene, beginning its work officially on Monday, May 4, and carrying on through Thursday, the 7th. In the contemplated arrangements, affiliated activities—such as the Microscopic, Radiologic, and Clinical Cancer Study Groups, the Heart Association and Industrial Medicine Symposia, and California Physicians' Service, will hold meetings on Sunday, May 3, in order to avoid conflicts that might impair the efficiency of the twelve Scientific Sections, whose programs make up practically the annual Scientific Assembly of the California Medical Association.

The forthcoming annual conference is called to the attention of members in the hope that many may make note of the time and place of meeting, and so give thought to possible attendance.

Such a reminder is of equal importance, also, to prospective essayists or program participants, since any who have not communicated with the proper Section Secretaries (whose names will be found on advertising page 4), should promptly do so.

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Program Committee Holds Meeting.—On Sunday, November 23, the State Association Committee on Scientific Work met in joint session with the Section Secretaries, when progress reports were submitted and plans outlined through which, it is hoped, the meetings of the various sections will take on increased interest and value.

The general scheme of time allocations, inaugurated several years ago, has been found satisfactory.

The plan, then instituted, provides for four general sessions, one of which shall be held each morning, when programs of special value to Association members who are in general practice are given. Major topics for the four mornings, which will be emphasized, are: Monday, Organized Medicine; Tuesday, Internal Medicine and Clinico-Pathologic Conference; Wednesday, Surgery; Thursday, Progress Reports on Newer Methods in Practice.

Each morning, medical and surgical films will be displayed in one of the meeting rooms; and on each afternoon, the twelve Scientific Sections will present their special programs. The scientific and technical exhibits will be on display throughout the entire day.

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Meeting Room Pavilion Under Construction. Section members who in the past have been distressed at the crowding and inconveniences associated with meeting rooms of insufficient size will be happy to learn that the new assembly pavilion at Hotel Del Monte, now under construction, will provide six additional meeting rooms. These ac-

commodations will also make for better lobby features, thus promoting the good fellowship and fraternal features of the annual convention, always so desired. The enlarged meeting room space will also permit the Woman's Auxiliary to hold its meetings at the Hotel Del Monte, instead of at the Lodge—a convenience long wished for.

At the meeting on November 23, referred to, it was agreed that at the coming annual session, panel and round-table discussions should be promoted, although symposia and individual papers will also continue to be presented.

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Prospective Participants Must Send Requests.

In due course, additional information concerning these matters will appear in CALIFORNIA AND WESTERN MEDICINE. In the meantime, as already noted, all members who have in mind the submittal of topics for program placements should promptly communicate with the proper Section Secretary.

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Scientific Exhibits: How the Medical Schools Can Aid.—Members in position to present scientific exhibits or medical films should write to the Association Secretary. In connection with scientific exhibits, special appeal for coöperation is made to the four medical schools of California, since each has facilities easily permitting the presentation of exhibits of pathologic and research material. By so doing, a return courtesy would be extended to the California Medical Association for the aid so consistently given by it in antivivisection and similar battles. The California Medical Association takes pride in the State's four medical schools; and they, in turn, should be happy to promote the postgraduate phases of the Association's annual sessions, the important work the yearly gatherings are intended to promote.

MEDICAL PREPAREDNESS: RECENT PROBLEMS

California Committee on Medical Preparedness.—CALIFORNIA AND WESTERN MEDICINE, in its issue of August, 1940, called attention to the newly organized California Committee on Medical Preparedness—consisting of state and county committees—and in each subsequent issue progress reports have appeared. The present international outlook indicates that, for some time to come, Medical Preparedness must continue as a standing department of the OFFICIAL JOURNAL, due in part to rapid changes in the new military alignments affecting physicians, and also to confusions that have arisen through difficult interpretation of the somewhat inelastic features of the Selective Service Act and Army regulations.

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Recent Meeting at American Medical Association Headquarters.—At the annual meeting of State Association secretaries and editors, held at the American Medical Association headquarters in Chicago, on November 14-15, officers of the military services discussed some of the problems relating to the Medical Corps. The questions asked by representatives from different states of the

Union indicated that doubts on procedure were not limited to any particular area, but were in evidence almost everywhere. Many physicians in active practice hold Medical Reserve Commissions, and, because of such rank, they may at any time be notified to present themselves for induction into active service. Therefore, the subject is always pertinent and of particular interest to the medical profession.

The serious aspects of changes in medical service for the civilian population, through withdrawal from practice of medical reserve officers, is enhanced by the fact that the system and standards of present-day medical schools provide for a yearly addition of about 5,200 graduates, a number deemed necessary for replacements in times of peace.

Medical practice stress and strain come into operation, however, when some thousands of younger physicians are taken from civilian practice, and when also a large proportion of the medical graduates of each year may be called into military service. Supplementary to these interferences with past needs and procedures, other problems, dependent on inadequacies not foreseen or difficult to prevent, can come into being.

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Never-Ending Problems.—When groups of medical men gather together, these newer problems and responsibilities are often discussed, and it is not unusual to hear the recital of special cases, with involved hardships, difficult to explain. Probably, as time moves on, and experience increases, it may become possible to clarify some of the situations which have arisen. For instance, it is difficult to explain to physicians who have had many years of large experience why, as officers in the Medical Reserve, they cannot hope to secure a higher rank and pay than that of Major in the Army, and that, too, no matter how great their qualifications.

Certainly, for some colleagues who, themselves past the draftee age, have been obliged to give up large practices for possibly indeterminate periods, with no provisions for retirement pay, etc., and also the chance of being obliged some time in the remote future to again try to build up practices sufficient to care for family needs and other responsibilities, the future does not take on a very roseate hue. For such reasons, state and county medical organizations should exempt those in military service from payment of dues, and their members should make real efforts to conserve both hospital and practice affiliations of military colleagues, in so far as may be possible.

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Medical Schools and Medical Students.—The Selective Service Act grants to local boards sole authority concerning deferments. The office of the Surgeon General has promulgated rules through which it is hoped an ample supply of well-trained younger physicians may be brought into service. It is important that the deans of the medical schools should place on their bulletin boards, and in the hands of all medical students, an outline of the procedures and responsibilities involved through service in either the Medical Administrative Corps or the Medical Reserve. Through misunderstanding

ing or noncompliance with existing provisions and procedures, it may happen that some medical graduates will find themselves, later on, in military service as line soldiers, instead of officers with commissions in the Medical Reserve.

Thought may also be given to proper physical examination of medical matriculants, so that practically all medical students will possess physical fitness for military service. Otherwise, such physically deferred graduates may promptly be inducted into civilian practice, upon graduation, to the detriment of fellow graduates and older physicians who would be obliged to remain in military service, finding, on coming out to again take up civilian work, such deferred graduates opposing them in well-established practices.

At the Chicago conference, these and related subjects were discussed by General Lewis Hershey, whose paper may appear in the *Journal of the American Medical Association* before this issue of CALIFORNIA AND WESTERN MEDICINE comes from the press.*

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Rehabilitation Plans.—In last month's issue, considerable space was given to Rehabilitation Plans. It is now agreed that the group of selectees who offer the best opportunities for rehabilitation procedures that would make them available for military service are those with dental defects; and in the beginning, they will probably be the selectees for the first major rehabilitation group.

Other matters related to military service are receiving the attention of officers of the Association, and, should occasion arise, may be made the subject of later comment.

COUNTY SOCIETY WORK—FOR THE YEAR 1942

New Officers Accept New Responsibilities.—

In many county societies, new officers, at the beginning of the calendar year, take up their duties in January. It is in order, therefore, to call attention to several State Association activities, in which the coöperation of component county units is necessary, if successful results are to be obtained. Among such may be mentioned: Postgraduate Conferences; Public Health Exhibits and Films at State and County Fairs; Organization Meetings; Historical Investigation. At this time, some brief comment concerning each.

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Postgraduate Conferences.—Every county society—other than those in close proximity to metropolitan hospitals where access to ward walks and clinics is available—may well have a Postgraduate Committee. The names of its members and that of its chairman should be sent to the Association Secretary, who, as secretary of the California Medical Association Committee on Postgraduate Activities, will forward informative literature concerning courses, give aid in securing guest speakers, and also promote publicity concerning conferences,

* The points brought out by Brigadier-General Hershey are worthy of careful consideration and will be published in full in *The Journal of the American Medical Association* for November 29, under the heading of Medical Preparedness.